



William Pagel  
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# City of Chicopee, Massachusetts

## License Commission

City Hall - 17 Springfield Street - Chicopee, MA 01013  
Tel: (413) 594-1530 Fax: (413) 594-1531

**2009  
APPLICATION  
FOR  
INNOLDERS LICENSE  
\$33.00 FEE**

TO THE LICENSE COMMISSION OF THE CITY OF CHICOPEE

The undersigned petitions for an INNOLDERS LICENSE at:

Name of Applicant: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone Number: \_\_\_\_\_

Social Security or Federal Identification Number: \_\_\_\_\_

Owner of Building: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Telephone Number of Owner: \_\_\_\_\_

Mailing address (If different): \_\_\_\_\_

Number of Rooms on **EACH** Floor: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ (3<sup>rd</sup>) \_\_\_\_\_ (4<sup>th</sup>) \_\_\_\_\_

Who will Manage the Innholders License?

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone  
Number: \_\_\_\_\_

I understand that prior to the issue of an Innholders License by the License Commission; I must first have the premises inspected by the Building Department, Fire Department and Health Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST LEGIBLE TYPED OR PRINTED**